FEC FORM 3X

2016 · 08 · 17 · 08 · 00095225

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTEI.

NAME OF						
COMMITTEE	(in	full				

TYPE OR PRINT ▼

Example: If typing, type

12FE4M5

COMMITTEE (in full)		over the lines.	131 5 111				
LAMERICAN ALLIANCE FOR EQUITY.							
	<u></u>		<u></u>				
ADDRESS (number and street)	R.O.BOX,49						
▼ Check if different							
than previously reported. (ACC)	HANOYER		[PA]	1,733,1,]-[]			
2. FEC IDENTIFICATION N	JMBER ▼	CITY	STATE ▲	ZIP CODE A			
C00605485			NEW OR AN (A)	ENDED			
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			20 (M8) Nov 20 (M11) (Non-Bection Year Orly) 20 (M9) Dec 20 (M12)			
(a) Quarterly Reports:			L	(Non-Bection Year Orly) 20 (M10) Jan 31 (YE)			
April 15 Quarterly Report (C	(c) 12-Day	Primary (12		<u>L.</u>			
July 15 Quarterly Report (C	PRE-Electio Report for the		(12C) Special (12S)			
Ouarterly Report (C January 31 Year-End Report (N	_	Dection on ,		in the State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	L.	G) Runoff (3	90R) Special (30S)			
Termination Report (TER)		dection on	8 · 6 / V · V · V · V	in the State of			
5. Covering Period OL ST 2016 through OC 50 2016							
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer							
Signature of Treasurer Date Date Date							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.							
Office Use				FEC FORM 3X			